| | SOLICITATION/C | | | | 1. | REQUISITION NU | MBER | | PAGE OF | 1 | |
|---|--|---------------------|-----------------------------|---|--|----------------------------|-------------|--------------------------------------|-------------|---|--|
| | | TO COMPLETE BLOC | | · _ | | | | | 1 | 2 | |
| 2. CONTRACT N | NO. | | 3. AWARD/ EFFECTIVE DATE | 4. ORDER NUMBER | | | | 5. SOLICITATION NUMBER NNK393451Q | 1 | 6. SOLICITATION ISSUE DATE 09/07/2011 | |
| | R SOLICITATION ORMATION CALL: | a. NAME Jan Pirl | kle | | | b. TELEPHONE 321-867 | | , , | | DUE DATE/LOCAL TIME /2011 1500 ES | |
| 9. ISSUED BY | <u> </u> | I | CODE | KSC | | QUISITION IS RESTRICTED OR | | SET ASIDE: | % FOR: | | |
| NASA/John F. Kennedy Space Center Office of Procurement | | | | | E 014 | NEOTHIOTED ON | ı | SMALL BUSINESS | □E | EMERGING SMALL BUSINESS | |
| MAIL CODE OP KENNEDY SPACE CENTER FL 32899 | | | | | NAICS: 33 | 32911 | | HUBZONE SMALL BUSINESS | | | |
| | | | | | SIZE STANI 500 | DARD: | | SERVICE-DISABLED OWNED SMALL BUSH | | □ 8(A) | |
| 11. DELIVERY FOR FOB DESTINA- TION UNLESS BLOCK IS MARKED | | | | ☐ 13a. THIS CONTRACT IS A RATED ORDER UNDER | | | 13b. RATING | | | | |
| SEE SCHED | | | | | | PAS (15 CFR 700) | JER | 14. METHOD OF SOLICI | IFB 🗆 |] RFP | |
| 15. DELIVER TO |) | CODE | | | | STERED BY | | | CODE | SC | |
| | | | | | | Kennedy e of Pro | - | e Center ment | | | |
| | | | | | MAIL CODE OP KENNEDY SPACE CENTER FL 32899 | | | | | | |
| | | | | | KENNE. | DI SFACE | CEN | IER FL 32099 | | | |
| 17a. CONTRACT | | | FACILITY CODE | | 18a. PAYME | ENT WILL BE MAD | E BY | | CODE | | |
| OFFEROR | ` [| | | | | | | | | | |
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| TELEPHONE NO | D. | | | | | | | | | | |
| 17b. CHECK I | IF REMITTANCE IS DIFFE | RENT AND PUT SUCH A | DDRESS IN OFFER | <u> </u> | | | | SHOWN IN BLOCK 18a UNLE | SS BLOCK B | BELOW | |
| 19. ITEM NO. | | SCHEDULE | 20. E OF SUPPLIES/SE | RVICES | | 21. QUANTITY | 22. UNIT | 23. UNIT PRICE | | 24. AMOUNT | |
| - | See attach | ed Price She | eet | | | | | | | | |
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| | (Use Reverse and/or Attach Additional Sheets as Necessary) | | | | | | | | | | |
| 25. ACCOUNT | TING AND APPROPRIA | ATION DATA | | | | | | 26. TOTAL AWARD AMOU | JNT (For Go | ovt. Use Only) | |
| | | | | 2.212-4. FAR 52.212-3 A E FAR 52.212-4. FAR 52.2 | | | HED. | I ADDENDA NDA | | ☐ ARE NOT ATTACHED. ☐ ARE NOT ATTACHED. | |
| | ACTOR IS REQUIRED | | | | | 29. AWARD (| OF CON | TRACT REF | | OFFER | |
| COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN. | | | | ANY ADDITIONAL | DATED YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH | | | | | | |
| 30a. SIGNATURE OF OFFEROR/CONTRACTOR | | | | | HEREIN, IS ACCEPTED AS TO ITEMS: 31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) | | | | | | |
| | | | | | | | | | | | |
| 30b. NAME AND TITLE OF SIGNER (Type or print) 30c. DATE SIGNED | | | | Oc. DATE SIGNED | 31b. NAME OF CONTRACTING OFFICER (Type or print) 31c. DATE SIGN Jan Pirkle | | | | | 31c. DATE SIGNED | |
| | | | | | | | | | | | |

| 19. ITEM NO. | 20. SCHEDULE OF SUPPLIES/SERVICES | | | | | | 22. UNIT | 23. UNIT PF | | 24. AMOUNT | |
|--|--|--------------------------|---------------------------------|---------------------|-----------|---|-------------|----------------|-----------|----------------|--|
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| 32a. QUANTITY | IN COLUMN 21 HAS | | | | | | | | | | |
| RECEIVE | D INS | PECTED NOTE | | AND CONFORMS TO THI | E CONTRA | CT, EXCEP | T AS | _ | | | |
| 32b. SIGNATUR | E OF AUTHORIZED | GOVERNMENT REPRESENTATIV | Æ | 32c. DATE | 32d. PRIN | 32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE | | | | | |
| | | | | | | 12f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE | | | | | |
| | | | | | | 2g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE | | | | | |
| | | | | | | | | | | | |
| 33. SHIP NUMBER | | 34. VOUCHER NUMBER | 35. AMOUNT VERIFIED CORRECT FOR | | 36. PAYN | 6. PAYMENT 37. CHECK NUMBER | | | | | |
| PARTIAL | FINAL | - | | | COV | IPLETE PARTIAL FINAL | | | | | |
| 38. S/R ACCOUN | B. S/R ACCOUNT NUMBER 39. S/R VOUCHER NUMBER 40. PAID BY | | | | | | | | | | |
| 41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT 42a. RECEIVED BY (Print) | | | | | | | | | | | |
| 41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER 41c. DATE | | | | | 42b. R | 42b. RECEIVED AT (Location) | | | | | |
| | | | | | | 42c. DATE REC'D (YY/MM/DD) 42d. TOTAL CONTAINERS | | | | | |
| | | | | | 120. 07 | (| | , | 72u. 1017 | DE CONTAINEINO | |